

2002 UNIFORM BUSINESS REPORT (UBR)

47

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-26-2002 90015 050 ****61.25

DOCUMENT # N01000002738

1. Entity Name

HEALTH EDUCATION ADVOCATORS RESOURCE TEAM, INC.

Principal Place of Business

Mailing Address

141 NW 2ND ST.
 BELLE GLADE FL 33430

141 NW 2ND ST.
 BELLE GLADE FL 33430

2. Principal Place of Business

3. Mailing Address

132 SW Ave B

132 SW Ave B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Belle Glade, FL

Belle Glade

Zip
 33430

Country
 Palm Beach

Zip
 33430

Country
 Palm Beach

4. FEI Number

04-3604973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEISEL, KEITH W ESQ.
 712 US HWY. ONE, SUITE 230
 N. PALM BCH FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State.**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, HENRIETTA	
STREET ADDRESS	130 CUSTARD CT.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOBLE, GRACE	
STREET ADDRESS	WORKING ON WELLNESS	
CITY-ST-ZIP	WELLINGTON FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, BETTY	
STREET ADDRESS	38754 STATE RD. 80	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henrietta Johnson
 Henrietta Johnson

4/12/02

561-9487
 946-9487

Daytime Phone #

CR2EP37 (9/01)